MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AS FILED AFTER SERIAL NO. 10/563, 924 FILING DATE

-								CLAIM	IS							
			TLED	I-YAD		· AF	TER			AS FILED		AF	TER	AF	AFTER	
-	1	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.	IND.	THISMOSE	2"AM	ENDMEN	
	2		,						51		1 221.	IND.	DEP.	IND.	DEI	
	3		1						52							
	4		1					1	53 54	 					 	
	5		64-					Ì	55	 						
	7		10						56							
	8		(P)					- 1	57							
	9		100						58 59						<u> </u>	
	0		DI	-				ŀ	60							
	2	 -	P						61							
			Te						62							
1	4		1					-	63							
1:			ID			·		-	64 ₋							
10			/					-	66							
12								<u> </u>	67							
19									68							
20			 -	- -					69							
21								<u> </u>	70 71							
22									72							
23 24									73							
25	-]		74							
26									75				$\neg \vdash$			
27									76 77						\neg	
28	-						\neg		78				 -			
<u>29</u> 30									79 .							
31	- 								30			1	_ -			
32				- -					1 2							
33								8								
35								8							_	
36	┪──	- -		— <u> </u> —				8	5				_ -	- -		
_ 37	1			 			_]	8					\neg $ $	$\neg \vdash$	\neg	
38				- -				8								
39								89	5-1-			-	_ _	_ _		
40	┨——		-					90				+-				
42	1	+-		-			_	91						1	-	
143		1		- 		_	-	92			_		\Box		\Box	
44								94				- 				
45	 	-	-		_		7	95			- 			-		
47	 	+				_		96						1	_	
48				1-	-		\dashv	97 98							\exists	
49	<u> </u>							99		- 	-	-		-		
50	1	+					7	100			1	+		+	\dashv	
TOTAL IND.	/] 4	L] &		□ ☆		TOTALE	x0.	4	7	B	1	1	7	
TOTAL DEF	14	*		∳ □		*		TOTAL	Cr.		 		-			
TOTAL CLAIMS	15	9	*		2	25		TOTAL		医双	<u> </u>	THE POST			1	
FTT - 1140	(#1'\'				=1		렉	CLAS				經歷			3	
		**								U.S. DEP.	METMERT	COMMERC	Œ		ı	